

**LEGISLATIVE SERVICES AGENCY
OFFICE OF FISCAL AND MANAGEMENT ANALYSIS**

200 W. Washington, Suite 301
Indianapolis, IN 46204
(317) 233-0696
<http://www.in.gov/legislative>

FISCAL IMPACT STATEMENT

LS 6057

BILL NUMBER: SB 15

NOTE PREPARED: Feb 28, 2012

BILL AMENDED: Feb 28, 2012

SUBJECT: Brain Injury Services Study and Committee.

FIRST AUTHOR: Sen. Miller

FIRST SPONSOR: Rep. T. Brown

BILL STATUS: 2nd Reading - 2nd House

FUNDS AFFECTED: X GENERAL
DEDICATED
X FEDERAL

IMPACT: State

Summary of Legislation: (Amended) This bill requires the Office of Medicaid Policy and Planning (OMPP) to apply to amend the State Medicaid Plan to include reimbursement under Medicaid for brain injury services and neurobehavioral services provided in Indiana.

The bill requires the Indiana State Department of Health (ISDH) to license facilities that provide brain injury services and neurobehavioral services.

The bill establishes an advisory committee to assist OMPP and ISDH.

The bill requires OMPP to develop a plan for risk-based case management services for the aged, blind, and disabled pilot program. It requires OMPP to present the plan to the Health Finance Commission.

(The introduced version of this bill was prepared by the Health Finance Commission.)

Effective Date: Upon passage; July 1, 2012.

Explanation of State Expenditures: *State Plan Amendment:* The bill requires OMPP to prepare and submit a Medicaid State Plan Amendment by September 1, 2012, to the federal Centers for Medicare and Medicaid Services (CMS) to include reimbursement for brain injury services and neurobehavioral services. OMPP should have the ability to prepare and submit the required State Plan amendment within the current level of resources available.

The bill does not define “brain injury services and neurobehavioral services” nor does it specify if the services to be provided are for institutional or outpatient-based services. Any fiscal impact of this provision would depend on the timing of federal approval and the interpretation of the services required to be covered. Indiana currently covers institutional services. If the State Plan amendment includes services that are generally provided on an outpatient basis, this provision could create entitlement services.

Licensure Requirements: With the assistance of the OMPP, the bill requires the ISDH to adopt rules that establish a new licensure category for providers of services for individuals with brain injuries. The promulgation of rules is a routine administrative function of the ISDH that should be accomplished within the existing level of resources available to the agency.

The bill also requires the ISDH to license facilities that provide brain injury services and neurobehavioral services. The new licensure category would be expected to result in additional enforcement activities for the ISDH. Inspection and enforcement activities would be contingent upon the existence of an operating facility and would be anticipated to require limited resources due to the specialized nature of the services.

Brain Injury Treatment Committee: This bill establishes the 16-member Brain Injury Treatment Committee and specifies Committee members to include 4 state employees and 1 state contractor. The bill specifies that no reimbursement for per diem and travel expenditures is to be provided for Committee members. The Committee is required to meet four times. The bill abolishes the Committee on July 1, 2013.

The bill requires that the Office of Medicaid Policy and Planning provide staff for the Committee. The Commissioner of the ISDH or his designee is required to chair the Committee. FSSA reported that OMPP and the Division of Aging have been working on this issue for the last three years and that the committee provisions of the bill can be accomplished within the current level of resources available to FSSA.

Additional Information: The Committee is to assist with the implementation of the licensure requirement and the Medicaid State Plan amendment.

Case Management for the Aged, Blind, and Disabled Pilot: The bill requires OMPP to develop a plan for a pilot program establishing a risk-based managed care delivery system for Aged, Blind, and Disabled eligible Medicaid recipients. FSSA has reported that this provision can be accomplished within the current level of resources available.

Study Committee Topic: This provision should have no additional impact to state expenditures, as the Health Finance Commission may include the topic required by the bill at a regularly scheduled meeting during the 2012 interim. The Commission would be limited to the budgetary limits set by resolution of the Legislative Council.

Explanation of State Revenues:

Explanation of Local Expenditures:

Explanation of Local Revenues:

State Agencies Affected: ISDH; FSSA, OMPP, and the Division of Aging.

Local Agencies Affected:

Information Sources: ISDH, FSSA.

Fiscal Analyst: Kathy Norris, 317-234-1360.